

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 462765	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		0		1		
2		1		1			52	1		1			
3		1		1			53		1		1		
4		3		1			54		1		1		
5		3		1			55		1		1		
6		3		1			56		2		1		
7		3		1			57		0		1		
8		0		1			58		0		1		
9		2		1			59		0		1		
10		2		1			60	1		1			
11		2		1			61		1		1		
12		2		1			62		1		1		
13		0		1			63		2		1		
14		0		1			64		0		0		
15		0		1			65		0		0		
16		0		1			66						
17		0		1			67						
18		0		1			68						
19		0		1			69						
20		0		1			70						
21		0		1			71						
22		0		1			72						
23		0		1			73						
24		0		1			74						
25		0		1			75						
26		0		1			76						
27		0		1			77						
28		0		1			78						
29		0		1			79						
30		0		1			80						
31		0		1			81						
32		0		1			82						
33		0		1			83						
34		0		1			84						
35		0		1			85						
36		0		1			86						
37		0		1			87						
38		0		1			88						
39		0		1			89						
40		0		1			90						
41		0		1			91						
42		0		1			92						
43	1		1				93						
44		1		1			94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49		0					99						
50		0					100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						